

09/747983

jc891 U.S. PTO
12/27/00

*ADMITTED TO A BAR OTHER THAN VA

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Variable	Mean	SD	Min	Max
Age	34.5	10.2	18	65
Gender	0.45	0.50	0	1
Marital Status	0.35	0.48	0	1
Education	12.5	1.5	9	16
Income	3500	1500	1000	8000
Health Status	0.60	0.49	0	1
Smoking Status	0.25	0.43	0	1
Alcohol Consumption	0.15	0.36	0	1
Exercise Frequency	0.30	0.45	0	1
Stress Level	4.5	1.5	1	7
Sleep Quality	5.0	1.0	3	7
Work Satisfaction	4.0	1.5	1	7
Life Satisfaction	5.5	1.0	3	7
Depression Score	2.0	1.5	0	5
Anxiety Score	1.5	1.0	0	3
Resilience Score	3.0	1.5	1	5
Optimism Score	3.5	1.0	1	5
Gratitude Score	3.0	1.0	1	5
Self-Compassion Score	3.0	1.0	1	5
Emotional Stability	4.0	1.0	1	5
Life Purpose	4.0	1.0	1	5
Meaning in Life	4.0	1.0	1	5
Existential Well-being	4.0	1.0	1	5
Transcendental Well-being	4.0	1.0	1	5
Overall Well-being	4.0	1.0	1	5

Sir:

Transmitted herewith for filing is the patent application of

Inventor(s): YOO, Jea Yong
KIM, Byung Jin; SEO, Kang Soo
KIM, Hyung Sun; JO, Nam Seok
SEO, Sang Il

For: A METHOD OF MENU-DRIVEN CONTROL OF AN EXTERNAL CONNECTED
DEVICE IN AN AUDIO/VIDEO APPARATUS

Enclosed are:

X A specification consisting of 10 pages

x 04 sheet(s) of formal drawings

X An assignment of the invention - \$40.00 Recording Fee

X Certified copy of Priority Document(s)

X Executed Declaration X Original ____ Photocopy

Applicant claims small entity status in accordance with 37 CFR 1.27

Application Data Sheet in accordance with 37 C.F.R. 1.76

☐ Preliminary Amendment
☐ Information Disclosure Statement, PTO-1449 and reference(s)
☐ Other _____
☐ Applicant requests early publication

The filing fee has been calculated as shown below:

LARGE ENTITY				SMALL ENTITY	
FOR	NO. FILED	NO. EXTRA	RATE FEE		RATE FEE
BASIC FEE	***** ***** *****	***** ***** *****	***** ***** \$710.00 *****	or	***** ***** \$355.00 *****
TOTAL CLAIMS	7 - 20 =	0	x18 =\$ 0.00	or	x 9 = \$ 0.00
INDEPENDENT	1 - 3 =	0	x80 =\$ 0.00	or	x 40 = \$ 0.00
MULTIPLE DEPENDENT CLAIM PRESENTED <u>no</u>			+270 = \$ 0.00	or	+135 = \$ 0.00
TOTAL \$ 710.00				TOTAL \$ 0.00	

☒ A check in the amount of \$ 750.00 to cover the filing fee and recording fee (if applicable) is enclosed.

☐ Please charge Deposit Account No. 02-2448 in the amount of \$_____. A triplicate copy of this transmittal form is enclosed.

☐ No fee is enclosed.

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If necessary, the Commissioner is hereby authorized in this, concurrent, and future replies, to charge payment or credit any overpayment to Deposit Account No. 02-2448 for any additional fees required under 37 C.F.R. 1.16 or under 37 C.F.R. 1.17; particularly, extension of time fees.

Respectfully submitted,

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